

Bloomington/Normal Great Banquet Community – Awakening Application

Participant Section – This section must be filled out by the PARTICIPANT, also known as the “Sleeper”

Participant/Sleeper Name: _____ Weekend Dates: _____

Name on Name Tag: _____ Gender: Male Female

Street Address: _____ Age: _____

City: _____ State: _____ ZIP Code: _____

Phone: (_____) _____ Cell Home/LAN Line

High School Year When Attending: Freshman Sophomore Jr. Sr. Graduated Within Last Year (Age 18 Limit)

Email: _____ Okay to Send an Email Confirmation? Yes No

Church Information

Church's Name: _____ Church's City: _____

Parent/Guardian Information

Parent/Guardian Name: _____ Phone: (_____) _____

Parent/Guardian Name: _____ Phone: (_____) _____

Has/have your parent(s)/guardian(s) attended a Great Banquet, Walk to Emmaus, or Cursillo weekend? Yes No

Sponsor Information

Sponsor Name: _____ Sponsor Phone: (_____) _____

Did your sponsor explain the Awakening? Yes No Did your sponsor explain events after the weekend? Yes No

Additional Questions (To Help Us Meet Your Needs on the Weekend & Make Room Assignments)

Why do you want to attend the weekend and what do you expect from it? _____

Do you have any health issues (e.g., allergies, asthma, or diabetes)? Yes No If Yes, explain below.

Do you have any special diet restrictions/needs (e.g., food allergies)? Yes No If Yes, explain below.

Do you take any prescription medications? Yes No If Yes, explain below.

Note: If necessary, please use the back of this page or attach a separate sheet to explain any additional needs you may have.

Signatures

Participant/Sleeper Signature: _____ Date: ____ / ____ / ____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Note: The Parent/Guardian Permission & Medical Release section must be sent with the rest of the application or the participant CANNOT attend the weekend. Participants, referred to as Sleepers, must be ages 15-18 and in high school or have graduated from high school within the last year. Please be sure all information is complete.

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Parent/Guardian Permission & Medical Release Section

******* This Section MUST Be Completed and Submitted to Attend the Weekend. *******

Your teenager will soon be spending time at the Bloomington/Normal Great Banquet Community's Awakening Weekend. Our leaders are committed to continuing excellence in safety by maintaining the highest level of assurance for your student. Our intention in having a Permission and Medical Release is so that: (1) we know that your teenager has your permission to engage in the activity that we are undertaking and (2) that, in the unlikely case of a medical emergency, we will be able to provide all the necessary care for your teenager. Please read the following and provide the appropriate information:

I, hereby, give my permission for my teenager to participate in the Bloomington/Normal Great Banquet Community's Awakening, held at East Bay Camp. It is understood that during this activity each youth will cooperate with the rules and guidelines set forth by the adult leaders. I understand that in the event of an emergency, extreme effort will be made to contact me. In the same event, I give the Bloomington/Normal Great Banquet Community's Awakening leaders permission to procure all necessary medical treatment for my teenager, and authorize the adults to act on my behalf in obtaining necessary medical care. I hereby release the Bloomington/Normal Great Banquet Community's Awakening adult leaders from liability for accident or illness during this weekend.

Participant/Sleeper Information

Participant/Sleeper Name: _____ Weekend Dates: _____

Street Address: _____ Birth Date: ____ / ____ / ____

City: _____ State: _____ ZIP Code: _____ Age: ____

Parent/Guardian Name: _____ Phone: (_____) _____

Parent/Guardian Name: _____ Phone: (_____) _____

Insurance & Medical Information

Insurance Co. Name: _____

Insurance Policy #: _____ Insurance Co. Phone: (_____) _____

Does the participant have any health issues (e.g., allergies, asthma, or diabetes)? Yes No If Yes, explain below.

Does the participant have any special diet restrictions/needs (e.g., food allergies)? Yes No If Yes, explain below.

Does the participant take any prescription medications? Yes No If Yes, explain below.

Note: If necessary, please use the back of this page or attach a separate sheet to explain any additional insurance and medical needs you may have.

Emergency Contact Information (In Case of Emergency on the Weekend)

Primary Contact Name: _____ Contact Phone: (_____) _____

Secondary Contact Name: _____ Contact Phone: (_____) _____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

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Sponsor Section – This section must be filled out by the person SPONSORING the Participant/Sleeper.

Participant/Sleeper Name: _____ Gender: Male Female Age: _____

Sponsor Name: _____ Phone: (_____) _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Email: _____ Okay to Send an Email Confirmation? Yes No

Sponsor's Original Weekend Type: Great Banquet Walk to Emmaus Cursillo Awakening Chrysalis Other

Weekend Dates: _____ Weekend Number: _____ Weekend Location: _____

Additional Sponsor Questions (To Help Us Meet Your Sleeper's Needs on the Weekend & Make Room Assignments)

Does your Sleeper have any health, diet, medication, sleeping, or other special needs? Yes No If Yes, explain here:

Note: If necessary, please use the back of this page or attach a separate sheet to explain any additional needs your guest may have.

Did you explain the Awakening and answer all Sleeper questions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you explain the post-weekend events?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you praying for your Sleeper?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you taking care of getting agape letters for your Sleeper?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you bringing your Sleeper to East Bay Camp?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you attending the Sponsor's Hour on Friday afternoon?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you attending the Candlelight Service on Saturday night?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you attending the Closing Service on Sunday afternoon?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Completing & Mailing the Application

Sponsoring a sleeper is both a joy and responsibility. There are things you must do for the Sleeper before, during, and after the weekend. Remember The Awakening is not structured to solve deep-seated personal problems; it is designed to provide those attending a personal encounter with Jesus Christ. Sign below to indicate your acceptance of a sponsor's responsibilities.

Sponsor Signature: _____ Date: ____ / ____ / ____

Once the three-page application is complete, mail all pages to:

Attn. Registrar
B/N Great Banquet Community
P.O. Box 707
Bloomington, IL 61702-0707

Cost of the Weekend & Donation Methods

The cost of meals, lodging, and supplies for the weekend is \$150 per person. Although the B/N Great Banquet Community does not require payment for the full \$150, we do request a donation of at least \$100. However, we do not prevent a Sleeper from attending a weekend based on the ability to pay. If you are unable to pay some or all of the cost, please indicate so on this form or on an attached note. Donations can be made by either including a check written to "B/N Great Banquet" with this application or paying via PayPal. Go to <http://bngreatbanquet.org/financial-support/> for information about financially supporting our organization.